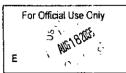
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4/07/	2. Fiscal Year Covered From:	
	1/1/04 Through: 12/31/04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Scott R Schulkz	Name PLUM 3 ERS Local # 55 Labor Organization File Number 0/11734	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 19345 RAST RIVIER RA	Street 980 KRYNOTE CIRCLE	
City CULUMBIA STATION	City BROOKLYN HEIGHTS	
State 0 4 0 ZIP Code + 4 44 0 28	State 3 11.0 ZIP Code + 4 44131	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Flum BIERS WHIOH LOCAL #55	PART TIME CUELDING INSTRUCTOR	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street 980 KIEYNOTE CIRCLE	8,022,35	
City BROOKLYH HEIGHTS		
State 0,410 ZIP Code + 4 44131		
Sign	nature	

submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	panying documents), has been examir e section on penalties in the instructio	ned by the signatory and is, to the best of the ns.)
Signed Scott R Schulbe	On <u>8-73-65</u> Date	440 - 236 - 8538/ Telephone Number

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, cr tirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
P.O. Box, Bldg., Room No., if any	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City State 7/D Code : 4	
State ZIP Code + 4	14 b. Amount of payment
13.b. Is the Business an Employer or Consultant 2	14 0. Amount of payment